

HEALTH QUARTERLY STATEMENT AS OF June 30, 2004 OF THE CONDITION AND AFFAIRS OF THE

HealthPlus of Michigan, Inc.

NAIC Group Code	3409 (Current Period	, _	3409 (Prior Period)	NAIC Cor	mpany Code	95580	Employer's ID Number _	38-2160688		
Organized under the Laws	of	1	/lichigan		State of Domic	ile or Port of Entry		Michigan		
Country of Domicile		United S	tates of America		_					
Licensed as business type:		nt & Health[] rice Corporatio	n[] \	Property/Casualty[] Vision Service Corpora s HMO Federally Qual		Health M	Medical & Dental Service or aintenance Organization[X]	Indemnity[]		
Date Incorporated or Organ	ized		08/09/1977		_ Date Co	ommenced Busines	ss <u> </u>	10/15/1979		
Statutory Home Office		20	50 South Linden I		,		Flint, MI 48532			
Main Administrative Office			(Street and Numbe	r)	2050 South L	inden Road	(City, or Town, State and Zip (Code)		
		Flint, M	I 48532		(Street and	l Number)	(800)332-9161			
Mail Address	(Ci	ty or Town, State		O. Boy 1700			(Area Code) (Telephone N	Number)		
			et and Number or P.		,		(City, or Town, State and Z			
Primary Location of Books	and Hecords					South Linden Road reet and Number)				
	(Cit	Flint, MI 4					(800)332-9161 (Area Code) (Telephone N			
Internet Website Address		y, or rown, orace	www.healthplu	s.com			(Alex Gode) (Telephone I	varibory		
Statutory Statement Contac	et	М	atthew Andrew M	endrygal, C.P.A.			(810)230-2179			
	mr	nendrygal@he	(Name) althplus.com				(Area Code)(Telephone Number (810)230-2208			
Policyowner Relations Conf		(E-Mail Add			2050 South Lir	nden Road, P.O. Bo	(Fax Number)			
1 olicyowner riciations com	lact		04.4700			eet and Number)				
	(Cit	Flint, MI 485 y, or Town, State					(800)332-9161 (Area Code) (Telephone Number			
	La Joh Ja H	n Ellis Champr raine Bernadet nn Jacob Saalv ack Louis Barry arold Leslie Ma erald Edward	te Yapo vaechter MD,MBA DI MD allon DDS	OTHE		Christin ES Vern Lee Penelope	Robert Hill ne Marie Tomcala Burns Drake Pestronk yce Tortorice			
	Já S P R D	ames Joseph V	Vascha Esq. Whisiker-Lewis D mpbell	0		James Mi Christoph	ichael Van Tiflin Ier John Flores Igh Carr DO			
	chigan enesee	SS								
assets were the absolute proper explanations therein contained, and of its income and deduction except to the extent that: (1) statinformation, knowledge and belies an exact copy (except for form	ty of the said repo annexed or refern s therefrom for the te law may differ; ef, respectively. In atting differences (Signature) rid Paul Crosby	orting entity, free ed to, is a full and e period ended, a or, (2) that state is Furthermore, the s due to electronic	and clear from any li I true statement of al nd have been compl ules or regulations r scope of this attestat	ens or claims thereon, exc I the assets and liabilities a eted in accordance with the equire differences in repor- ion by the described office ed statement. The electror (Signatu Matthew Andrew	ept as herein stated and of the condition e NAIC Annual Stat ting not related to a rrs also includes the nic filing may be req are)	d, and that this statem, and affairs of the said tement Instructions an occounting practices ar related corresponding	reporting period stated above, all ent, together with related exhibits, reporting entity as of the reporting daccounting Practices and Proceed recording to the begreater of the procedures, according to the begreater of the procedures of the procedures according to the begreater of the procedures according to the begreater of the procedure of th	schedules and geriod stated above, edures manuals est of their when required, that he enclosed statement.		
(1	Printed Name) President			(Printed N Chief Financi	,		(Printed Name) Treasurer			
	(Title)			(Title)			(Title)	<u> </u>		
Subscribed and swor	n to before me	this , 2004		2. Date file	e amendment nu		Yes[X] No	[]		

(Notary Public Signature)

ASSETS

		ASS				
				urrent Statement Da		4
			1	2	3	
					Net Admitted	December 31,
				Nonadmitted	Assets	Prior Year Net
			Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	S	3,767,868		3,767,868	3,770,661
2.	Stock	S:				
	2.1	Preferred stocks				
	2.2	Common stocks	8,142,190		8,142,190	8,135,318
3.	Morta	jage loans on real estate:			, ,	, ,
	3.1	First liens				
	3.2	Other than first liens				
,	-					
4.		estate:				
	4.1	Properties occupied by the company (less \$				
		encumbrances)	5,228,328	21,632	5,206,696	5,318,762
	4.2	Properties held for the production of income (less \$				
		encumbrances)				
	4.3	Properties held for sale (less \$ encumbrances)				
5.	Cash	(\$14,935,772), cash equivalents (\$) and short-term				
		tments \$29,217,402)	14 153 174		1/1 153 17/	48 580 064
6		•				
6.		ract loans (including \$ premium notes)				
7.		invested assets				
8.	Recei	ivable for securities				
9.	Aggre	egate write-ins for invested assets				
10.	Subto	otals, cash and invested assets (Lines 1 to 9)	68,763,384	21,632	68,741,752	73,100,590
11.	Invest	tment income due and accrued	90,874		90,874	134,994
12.		iums and considerations:	,		ŕ	,
	12.1	Uncollected premiums and agents' balances in the course of				
	12.1	collection	1 654 051		1 654 051	1 210 1 42
	40.0		1,654,051		1,054,051	1,310,143
	12.2					
		deferred and not yet due (including \$ earned but				
		unbilled premiums)				
	12.3	Accrued retrospective premiums				
13.	Reins	surance:				
	13.1	Amounts recoverable from reinsurers				
	13.2	Funds held by or deposited with reinsured companies				
	13.3	Other amounts receivable under reinsurance contracts				
4.4						
14.		unts receivable relating to uninsured plans				
15.1		nt federal and foreign income tax recoverable and interest thereon				
15.2	Net de	eferred tax asset				
16.	Guara	anty funds receivable or on deposit				
17.	Electr	ronic data processing equipment and software	1,793,660	865,085	928,575	896,144
18.	Furnit	ture and equipment, including health care delivery assets				
)	612 870	275 792	337 078	356 264
19.	•	djustments in assets and liabilities due to foreign exchange rates	·	•	·	
20.		ivables from parent, subsidiaries and affiliates				
21.		h care (\$7,948,894) and other amounts receivable				
22.	Other	assets nonadmitted	902,672	902,672		
23.	Aggre	egate write-ins for other than invested assets				
24.	Total	assets excluding Separate Accounts, Segregated Accounts and				
	Protec	cted Cell Accounts (Lines 10 to 23)	81,894,949	3,149,457	78,745,492	81,546,425
25.		Separate Accounts, Segregated Accounts and Protected Cell				
		unts				
26		ALS (Lines 24 and 25)				01 EAG 405
26.		F WRITE-INS	o1,094,949	J 3,149,45/	10,745,492	01,040,425
	LU UF	- WRITE-INS				
0901						
0901 0902						
0901 0902 0903 0998.	Summ	nary of remaining write-ins for Line 9 from overflow page				
0901 0902 0903 0998.	Summ					
0901 0902 0903 0998. 0999. 2301 2302	Summ	mary of remaining write-ins for Line 9 from overflow page				
0901 0902 0903 0998. 0999. 2301 2302 2303	Summ	mary of remaining write-ins for Line 9 from overflow page				
0901 0902 0903 0998. 0999. 2301 2302 2303 2398.	Summ TOTA	nary of remaining write-ins for Line 9 from overflow page				

STATEMENT AS OF June 30, 2004 OF THE HealthPlus of Michigan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND		Current Period		Prior Year	
		1 Covered	2 Uncovered	3 Total	4 Total	
1.	Claims unpaid (less \$ reinsurance ceded)	37,106,708		37,106,708	37,159,794	
2.	Accrued medical incentive pool and bonus amounts	4,005,360		4,005,360	6,055,777	
3.	Unpaid claims adjustment expenses	280,350		280,350	338,843	
4.	Aggregate health policy reserves					
5.	Aggregate life policy reserves					
6.	Property/casualty unearned premium reserve					
7.	Aggregate health claim reserves					
8.	Premiums received in advance	3,279,311		3,279,311	4,949,377	
9.	General expenses due or accrued	3,144,854		3,144,854	4,345,094	
10.1	Current federal and foreign income tax payable and interest thereon (including \$					
	on realized gains (losses))					
10.2	Net deferred tax liability					
11.	Ceded reinsurance premiums payable					
12.	Amounts withheld or retained for the account of others					
13.	Remittances and items not allocated					
14.	Borrowed money (including \$ current) and interest thereon \$ (including					
	\$ current)					
15.	Amounts due to parent, subsidiaries and affiliates					
16.	Payable for securities					
17.	Funds held under reinsurance treaties with (\$ authorized reinsurers and					
.,.	\$ unauthorized reinsurers)					
18.	Reinsurance in unauthorized companies					
19.	Net adjustments in assets and liabilities due to foreign exchange rates					
20.	Liability for amounts held under uninsured accident and health plans					
21.	Aggregate write-ins for other liabilities (including \$ current)					
22.	Total liabilities (Lines 1 to 21)					
	Common capital stock					
23.	Preferred capital stock					
24.	Gross paid in and contributed surplus					
25.	·			,	,	
26.	Surplus notes					
27.	Aggregate write-ins for other than special surplus funds					
28.	Unassigned funds (surplus)	X X X	X X X	30,439,906	28,390,721	
29.	Less treasury stock, at cost:					
	29.1 shares common (value included in Line 23 \$)					
	29.2shares preferred (value included in Line 24 \$)					
30.	Total capital and surplus (Lines 23 to 28 minus Line 29)					
31. DETAI	Total liabilities, capital and surplus (Lines 22 and 30)					
2101.	Other Current Liabilities					
2102 2103						
2198.	Summary of remaining write-ins for Line 21 from overflow page					
2199. 2701		X X X	X X X			
2702 2703						
2798.	Summary of remaining write-ins for Line 27 from overflow page	X X X	X X X			
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)	X X X	X X X			

STATEMENT AS OF June 30, 2004 OF THE HealthPlus of Michigan, Inc. STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE AND	Current Year To Date		Prior Year	
				To Date	
		1 Uncovered	2 Total	3 Total	
1.	Member Months				
2.	Net premium income (including \$ non-health premium income)				
	Change in unearned premium reserves and reserves for rate credits				
3.					
4.	Fee-for-service (net of \$ medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	X X X	182,389,720	163,549,325	
Hospit	al and Medical:				
9.	Hospital/medical benefits				
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs		38,741,188	37,377,978	
14.	Aggregate write-ins for other hospital and medical		12,549	12,379	
15.	Incentive pool, withhold adjustments and bonus amounts		1,709,067	1,529,522	
16.	Subtotal (Lines 9 to 15)		167,185,496	149,503,090	
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims				
20.	Claims adjustment expenses, including \$2,184,254 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$ increase in		0,101,002		
<u></u>	reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		170 911 242	160.074.026	
	Net underwriting gain or (loss) (Lines 8 minus 23)				
24.					
25.	Net investment income earned			•	
26.	Net realized capital gains (losses)		, , ,		
27.	Net investment gains or (losses) (Lines 25 plus 26)		516,986	517,430	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)				
	(amount charged off \$)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	3,109,177	4,015,707	
31.	Federal and foreign income taxes incurred	X X X			
32.	Net income (loss) (Lines 30 minus 31)	X X X	3,109,177	4,015,707	
0601	LS OF WRITE-INS	X X X			
0602		X X X			
0603 0698.	Summary of remaining write-ins for Line 6 from overflow page				
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X			
0701 0702					
0702					
0798.	Summary of remaining write-ins for Line 7 from overflow page				
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1402	·				
1403 1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		12,549	12,379	
2901. 2902	Other Revenue		13,714	· · · · · · · · · · · · · · · · · · ·	
2902					
2998.					
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		13,714	22,978	

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT	10 Bate	i noi i cai
			04.040.700
33.	Capital and surplus prior reporting year	28,561,232	24,916,786
GAINS	AND LOSSES TO CAPITAL & SURPLUS		
34.	Net income or (loss) from Line 32	3,109,177	4,929,243
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Net unrealized capital gains and losses	(678,441)	(1,593,719)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(381,551)	308,922
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	2,049,185	3,644,446
49.	Capital and surplus end of reporting period (Line 33 plus 48)	30,610,417	28,561,232
	LS OF WRITE-INS		
4701 4702			
4702			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

CASH FLOW

	CASH FLOW		1 -
		1 Current	2 Prior
		Year To Date	Year Ended December 31
	Cash from Operations	10 Bato	December of
1.	Premiums collected net of reinsurance	180 383 746	331 347 663
2.	Net investment income		
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)		
5.	Benefit and loss related payments		
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions		
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) \$ net of tax on capital gains (losses)		
10.	Total (Lines 5 through 9)		
11.	Net cash from operations (Line 4 minus Line 10)		
11.	Cash from Investments	(0,102,020)	1,449,300
12.	Proceeds from investments sold, matured or repaid:		
12.	12.1 Bonds	250,000	250,000
	12.2 Stocks	,	,
	12.3 Mortgage loans		
	12.4 Real estate		
	1. 0		
	12.7 Miscellaneous proceeds		
40	12.8 Total investment proceeds (Lines 12.1 to 12.7)		4,826,989
13.	Cost of investments acquired (long-term only):	040 405	750,000
	13.1 Bonds	·	
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate	· · · · · · · · · · · · · · · · · · ·	,
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (or decrease) in policy loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	(1,041,432)	(4,700,733)
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(282,838)	(2,244,053)
	RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18.	Net change in cash and short-term investments (Lines 11 plus 15 plus 17)	(4,426,890)	(5,494,856)
19.	Cash and short-term investments:		
	19.1 Beginning of year		
	19.2 End of period (Line 18 plus Line 19.1) Supplemental Disclosures of Cash Flow Information for Non-Cash Trans		48,580,064
	Supplemental Disclosures of Cash Flow information for Non-Cash Iran	Amount	Amount

Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:									
	Amount	Amount							
Description	1	2							
20,0001									

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (Ho	spital & Medical)	4	5	6	7	8	9	10	11	12	13
			2	3				Federal		VIV		B		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total	Members at end of:													
	2													
1.	Prior Year	107,616	565	93,737				2,093	2,849					8,372
2.	First Quarter	105,961	608	90,277				2,135	4,397					8,544
3.	Second Quarter	105,434	577	89,655				2,083	4,436					8,683
4.	Third Quarter													
5.	Current Year													
6.	Current Year Member Months	635,058		540,965				12,840	26,363					51,343
Total	Member Ambulatory Encounters for Period:													
7.	Physician	198,334		169,585					11,843					16,906
8.	Non-Physician	297,149		245,971					22,309					28,869
9.	Total	495,483		415,556					34,152					45,775
10.	Hospital Patient Days Incurred	28,603		15,809					3,872					8,922
11.	Number of Inpatient Admissions	5,966		3,668					722					1,576
12.	Health Premiums Written	182,436,515	933,220	139,758,443				3,203,714	20,543,422					17,997,716
13.	Life Premiums Direct													
14.	Property/Casualty Premiums Written													
15.	Health Premiums Earned	182,436,515	933,220	139,758,443				3,203,714	20,543,422					17,997,716
16.	Property/Casualty Premiums Earned													
17.	Amount Paid for Provision of Health Care Services	171,010,164		135,785,695					16,134,029	(401,099)				15,545,216
18.	Amount Incurred for Provision of Health Care													
	Services	167,185,498	848,743	129,410,738				3,106,395	18,066,564					15,753,058

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STATEMENT AS OF June 30, 2004 OF THE HealthPlus of Michigan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

Aging Analysis of Unpaid Claims										
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total				
0199999 Individually Listed Claims Unpaid										
0299999 Aggregate Accounts Not Individually Listed - Uncovered										
0399999 Aggregate Accounts Not Individually Listed - Covered	5,822,837	262,773	145,561	17,882	37,057	6,286,110				
0499999 Subtotals	5,822,837	262,773	145,561	17,882	37,057	6,286,110				
0599999 Unreported claims and other claim reserves						23,288,482				
0699999 Total Amounts Withheld										
0799999 Total Claims Unpaid						37,106,708				
0899999 Accrued Medical Incentive Pool And Bonus Amounts						4,005,360				

UNDERWRITING AND INVESTMENT EXHIBIT ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	``	TALISIS OF OLAHVIS					6
					***	5	0
				Liat	,		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)	25,289,521	106,442,658	5,423,706	22,059,681	30,713,227	30,409,937
2.	Medicare Supplement						
3. 4.	Dental only						
	Vision only						
5.	Federal Employees Health Benefits Plan	558,705	2,227,074		770,473	558,705	575,532
6.	Title XVIII - Medicare	2,685,635	13,106,605	364,625	5,035,347	3,050,260	3,255,191
7.	Title XIX - Medicaid	(325,899)		415,470		89,571	89,571
8.	Other health	2,614,779	12,930,437	255,369	2,782,037	2,870,148	2,829,564
9.	Health subtotal (Lines 1 to 8)	30,822,741	134,706,774	6,459,170	30,647,538	37,281,911	37,159,795
10.	Other non-health						
11.	Medical incentive pools, and bonus amounts	4,816,714	663,935	(2,182,193)	1,227,789	2,634,521	2,817,176
12.	TOTALS	35,639,455	135,370,709	4,276,977	31,875,327	39,916,432	39,976,971

1. Significant Accounting Policies

A. Basis of Presentation

The accompanying financial statements of HealthPlus of Michigan, Inc. (the Company) have been prepared in conformity with the 2004 NAIC Annual Statement Instructions and the NAIC Accounting Practices and Procedures Manual effective January 1, 2001, to the extent that the accounting practices, procedures, and reporting standards are not modified by the Michigan Insurance Code or the 2003 Forms and Instructions for Required Filings in Michigan.

B. Management Estimates

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premium revenue is recognized in the month that members are entitled to health care services. The liability for incurred medical and hospital claims is accrued in the period during which the services are provided and includes estimates of services performed, which have not been reported to the Company.

The Company reports the value of its home office building at depreciated cost on Schedule A - Part 1. The fair value reported on Schedule A - Part 1 is based on a market analysis prepared for the Company by Mr. Winfield Cooper, President, Cooper Commercial, dated May 31, 2002.

In addition, the company uses the following accounting policies:

- 1) Short Term Investments are stated at amortized cost.
- 2) Bonds not backed by other loans are principally stated at amortized cost using the Seriatim Method.
- 3) Common Stocks are reported at market value.
- 4) The Company has no Preferred Stocks to report.
- 5) The Company has no mortgage loans to report.
- 6) Loan Backed Securities are stated at amortized cost.
- 7) The Company carries its investment in HealthPlus Partners, Inc. at Statutory Equity, and its investment in HealthPlus Options at audited GAAP equity.
- 8) The Company has no ownership interests in joint ventures or limited liability companies.
- 9) The Company has no derivatives to report.
- 10) The Company has not calculated any premium deficiency reserves.
- 11) Unpaid claims include amounts determined from individual case estimates and amounts based on past experiences, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- 12) The Company has not modified its capitalization policy from the prior period.

2. Accounting Changes and Corrections of Errors

A. Accounting changes and corrections of errors.

The Company did not discover any material errors or make any material changes in accounting principles in the Quarter Ended June 30, 2004.

B. Cumulative effect of changes in accounting principles as a result of the initial implementation of Codification.

The State of Michigan has elected to phase in the implementation of the NAIC Accounting Practices and Procedures Manual effective January 1, 2001 (Codification), starting with the first quarter of 2003 as it relates to certain SSAP's. As a result of this phase in, the Company has reported \$337,078 of furniture and equipment and \$26,439 of leasehold improvements that would otherwise be non-admitted.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

5. Investments – Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities, Repurchase Agreements

The Company does not have any mortgage loans, debt restructuring, reverse mortgages or repurchase agreements to report.

The Company's Loan-Backed Securities are reported at amortized cost. The Scientific Prospective method of amortization is applied. A PSA (Public Securities Association) rate of 100 is used to determine prepayment assumptions.

The Company has no impairment losses on real estate to report and does not engage in retail land sales.

6. Joint Ventures, Partnerships and Limited Liability Companies

None.

7. Investment Income

The Company does not exclude any investment income due and accrued.

8. Derivative Instruments

None.

9. Income Taxes

The Company is exempt from Federal income tax under Internal Revenue Code Section 501(c)(4). The Company is also exempt from Michigan Single Business Tax.

10. Information Concerning Parent, Subsidiaries and Affiliates

HealthPlus Options, Inc. (HPO) is a wholly owned subsidiary of the Company. HPO began operations in 1990 as a third party administrator. The Company provides administrative services to HPO, and HPO pays the Company a monthly management fee for these services. Those fees amounted to approximately \$1,470,000 as of the Quarter Ended June 30, 2004. The Company reports its investment in HPO at audited GAAP equity which amounted to \$565,584 as of the Quarter Ended June 30, 2004 and is reported on page 2, line 7.

HealthPlus Partners, Inc. (HPP) is a wholly-owned not-for-profit subsidiary of HealthPlus of Michigan, Inc. HPP is a state licensed Health Maintenance Organization serving Medicaid members in the greater Flint and Saginaw regions and began operations on January 1, 2003. The Company reports its investment in HPP at statutory equity which amounted to \$6,906,240 as of the Quarter Ended June 30, 2004, and is reported on page 2, line 7. The Company has entered into agreements with HPP for the provision of administrative services. These services amounted to approximately \$6,000,000 as of the Quarter Ended June 30, 2004.

11. Debt

The Company has no Capital Notes or Other Debts to report.

12. Retirement Plan

A defined contribution plan is provided to substantially all employees of the Company. The Company contributes 7% of participating employees' annual compensation into the benefit plan. Company contributions were approximately \$550,000 as of the Quarter Ended June 30, 2004.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

The Company has no Shareholder's Dividend Restrictions or Quasi-Reorganizations to report.

The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a. unrealized gains and losses: (\$678,441)b. nonadmitted asset values: (\$3,149,457)

Unrealized gains and losses consist of the following:

Unrealized gains/(losses) on stocks
Unrealized gains/(losses) on HealthPlus Partners
Unrealized gains/(losses) on HealthPlus Options

51,052
\$ (678,441)

14. Contingencies

In the normal course of business, HealthPlus of Michigan is a party to certain legal matters. Management is of the opinion that resolution of these matters will not have a material effect on the Company's financial position or results of operations.

15. Leases

There were no material changes in operating lease agreements as of the Quarter Ended June 30, 2004. Total rental expense for all operating leases was approximately \$130,000 as of the Quarter Ended June 30, 2004.

16. Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk.

None.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

None.

- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators None.
- 20. September 11 events

None.

21. Other Items

The Company has no extraordinary items or other disclosures to report.

22. Events Subsequent

There were no events subsequent to the close of the books or accounts for this statement which may have a material effect on the financial condition of the Company.

- 23. Reinsurance
 - Ceded Reinsurance Report A.

Section 1 - General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the Company?
 - Yes () No(x)
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes() No (x)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?

Yes (x) No ()

a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.

\$ 0.

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? \$ 0.
- (3) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes()

No (x)

Section 3 - Ceded Reinsurance - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.
 \$ 0.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (x)

B. Uncollectible Reinsurance

None.

C. Commutation of Ceded Reinsurance

None.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims attributable to insured events of prior years has been decreased by \$60,543 as of the Quarter Ended June 30, 2004 as a result of re-estimation of unpaid claims. This decrease is the result of ongoing analysis and original estimates are increased or decreased as additional information becomes known.

26. Intercompany Pooling Arrangements

None.

27. Structured Settlements

Not applicable.

28 Health Care Receivables

(a) Pharmaceautical Rebate Receivables

1,231,124 1,145,689	1,145,689	85,436	0	_
0		85,436	0	_
				0
0	1,130,077	351,149	778,928	0
0	1,087,514	390,685	696,829	0
0	1,031,511	412,202	614,782	4,527
0	827,354	225,552	468,861	132,941
0	942,030	871,683	70,347	0
0	883,280	612,564	230,076	40,640
0	781,843	627,498	54,210	100,135
0	739,348	553,721	87,1536	98,474
0	696,062	16,894	579,879	99,289
0	656,153	516,807	40,289	99,057
0	562,792	113,137	71,364	378,291
0	704,584	176,272	134,469	393,843
	0 0 0	0 781,843 0 739,348 0 696,062 0 656,153 0 562,792	0 781,843 627,498 0 739,348 553,721 0 696,062 16,894 0 656,153 516,807 0 562,792 113,137	0 781,843 627,498 54,210 0 739,348 553,721 87,1536 0 696,062 16,894 579,879 0 656,153 516,807 40,289 0 562,792 113,137 71,364

(b) Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated And Reported in the Prior Year	Risk Sharing Receivable as Estimated And Reported in the Current Year	Risk Sharing Receivable Invoiced	Risk Sharing Receivable Not Invoiced	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Amounts Collected First Year Subsequent	Actual Risk Sharing Amounts Collected Second Year Subsequent	Actual Risk Sharing Amounts Collected – All Other
2003	2003	3,238,601	800,383	249,240	2,995,517	249,240	0	0	0
	2004	0	1,170,021	0	0	0	0	0	0
2002	2002	0	3,487,444	3,487,444	0	3,487,444	0	0	0
	2003	0	0	0	0	0	0	0	0
2001	2001	0	5,126,666	5,126,666	0	3,918,120	0	0	0
	2002	0	0	0	0	0	0	0	0

29. Participating Policies

None.

30. Premium Deficiency Reserves

None.

31. Salvage and Subrogation

The Company does not specifically identify anticipated salvage and subrogation amounts when calculating loss reserves.

GENERAL INTERROGATORIES
(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES **GENERAL**

.1	1 Did the reporting entity implement any significar	t accounting policy changes which w	ould require disclosure in the Notes to the F	inancial
	Statements?			

Yes[] No[X]

1.2 If yes, explain:

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?2.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[X] Yes[] No[] N/A[X]

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the

reporting entity?

If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.

Yes[X] No[] 02/26/2004

Have there been any substantial changes in the organizational chart since the prior quarter end? If yes, complete the Schedule Y - Part 1 - organization chart

Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

Yes[] No[X]

	1	2	3
		NAIC	State of
	Name of Entity	Company Code	Domicile
Ī			
- 1			

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If ves. attach an explanation.

Yes[] No[X] N/A[]

State as of what date the latest financial examination of the reporting entity was made or is being made.

7.1 Otate as of what date the latest infaricial examination of the reporting entity was made or is being made.

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2003 12/31/1999

01/18/2001

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the

reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). By what department or departments?

Department of Consumer and Industry Services, Office of Financial & Insurance Services, Division of Insurance

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)
8.2 If yes, give full information

Yes[] No[X]

9.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
9.2 If response to 9.1 is yes, please identify the name of the bank holding company.
9.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]

9.4 If response to 9.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

Yes[] No[X]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
		. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	Yes[] No[X]

INVESTMENT

0.1 Ha	as there been an	changes in the rep	orting entity's own p	preferred or common sto	ock?
--------	------------------	--------------------	-----------------------	-------------------------	------

Yes[] No[X]

10.2 If yes, explain:

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

11.2 If yes, give full and complete information relating thereto:

Yes[] No[X]

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....

Amount of real estate and mortgages held in short-term investments: 13.

\$..... Yes[X] No[]

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End	Current Quarter
		Statement Value	Statement Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages, Loans or Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)	7,295,785	7,471,824
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		
14.29	Receivable from Parent not included in Lines 14.21 to 14.26		
	above		

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Citizens Bank Wealth Management	

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?
16.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address
111223	Citizens Bank Wealth Management	328 South Saginaw Street, Flint, MI 48502
	Bank One Trust Company, N.A.	

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	5,320,508	5,677,354
2.	Increase (decrease) by adjustment	(205,948)	(387,768)
3.	Cost of acquired		
4.	Cost of additions to and permanent improvements	113,768	30,922
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.	Amount received on sales		
8.	Book/adjusted carrying value at end of current period	5,228,328	5,320,508
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)	5,228,328	5,320,508
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	5,206,696	5,318,762

SCHEDULE B - VERIFICATION

SCHEDOLL D - VERII ICATION		
	1	2
		Prior Year Ended
	Year To Date	December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year		
2. Amount loaned during period:		
2.1 Actual cost at time of acquisitions		
2.1 Actual cost at time of acquisitions 2.2 Additional investment made after acquisitions		
3. Accrual of discount and mortgage interest points and commitment fees		
4. Increase (decrease) by adjustment 5. Total profit (loss) on sale		
5. Total profit (loss) on sale		
6. Amounts paid on account or in full during the period		
6. Amounts paid on account or in full during the period		
8. Increase (decrease) by foreign exchange adjustment		
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10. Total valuation allowance		
11. Subtotal (Lines 9 plus 10)		
12. Total nonadmitted amounts		
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets		
column)		

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

		1	2
			Prior Year Ended
	Description	Year To Date	December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	7,295,785	1,513,609
2.	Cost of acquisitions during period:		
	2.1 Actual cost at time of acquisitions		
	2.1 Actual cost at time of acquisitions2.2 Additional investment made after acquisitions	1,000,000	7,271,167
3.	Accrual of discount		
4.	Increase (decrease) by adjustment	(823,961)	(1,488,991)
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		7,295,785
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	7,471,824	7,295,785
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	7,471,824	7,295,785

SCHEDULE D - VERIFICATION

		1	2
		'	Dries Vees Ended
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	11,905,979	14,640,211
2.	Cost of bonds and stocks acquired	608,594	1,172,440
3.	Accrual of discount	1,136	2,157
4.	Increase (decrease) by adjustment	145,522	918,807
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal	(67,339)	5,739
7.	Consideration for bonds and stocks disposed of	680,778	4,826,989
8.	Amortization of premium		
9.	Book/adjusted carrying value, current period	11,910,058	11,905,979
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value	11,910,058	11,905,979

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

Duffing the Current Quarter for all Dorlus and Preferred Stock by nating Class												
	1	2	3	4	5	6	7	8				
	Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted				
	Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value				
	Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31				
	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year				
S												
Class 1	30,413,871	18,185,753	15,862,323	(10,796)	30,413,871	32,726,505		35,829,864				
Class 2	759,086		500,000	(323)	759,086	258,763		768,086				
Class 3												
Class 4												
Class 5												
Class 6												
TOTAL Bonds	31,172,957	18,185,753	16,362,323	(11,119)	31,172,957	32,985,268		36,597,950				
ERRED STOCK												
Class 1												
Class 2												
Class 3												
Class 4												
Class 5												
Class 6												
TOTAL Preferred Stock												
TOTAL Bonds & Preferred Stock	31,172,957	18,185,753	16,362,323	(11,119)	31,172,957	32,985,268		36,597,950				
	Class 1 Class 2 Class 3 Class 4 Class 5 Class 6 TOTAL Bonds ERRED STOCK Class 1 Class 2 Class 2 Class 3 Class 4 Class 5 Class 6 TOTAL Bonds	1 Book/Adjusted Carrying Value Beginning of Current Quarter S	1 2 Book/Adjusted Carrying Value Beginning of Current Quarter Quarter S	1 2 3 Book/Adjusted Carrying Value Beginning of Current Quarter Quar	1 2 3 4	1 2 3 4 5 Book/Adjusted Carrying Value Beginning of Current Quarter Quar	1 2 3 4 5 Book/Adjusted Carrying Value Beginning of Current Quarter Quarter	1				

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
8299999. TOTALS	29.217.402	X X X	29.217.402	157,761	

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	32,827,290	25,340,317
2.	Cost of short-term investments acquired	33,396,942	75,587,373
3.	Increase (decrease) by adjustment	(44,580)	(46,486)
4.	Increase (decrease) by foreign exchange adjustment		
5.	Total profit (loss) on disposal of short-term investments	152	
6.	Consideration received on disposal of short-term investments	36,962,402	68,053,914
7.	Book/adjusted carrying value, current period	29,217,402	32,827,290
8.	Total valuation allowance		
9.	Subtotals (Lines 7 plus 8)	29,217,402	32,827,290
10.	Total nonadmitted amounts		
11.	Statement value (Lines 9 minus 10)	29,217,402	32,827,290
12.	Income collected during period	157,775	381,121
13.	Income earned during period	108,469	425,977

15	Schedule DB Part F Section 1 NONE
16	Schedule DB Part F Section 2 NONE

STATEMENT AS OF June 30, 2004 OF THE HealthPlus of Michigan, Inc.

STATEMENT AS OF June 30, 2004 OF THE HealthPlus of Michigan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing all new reinsurers-Current Year to Date

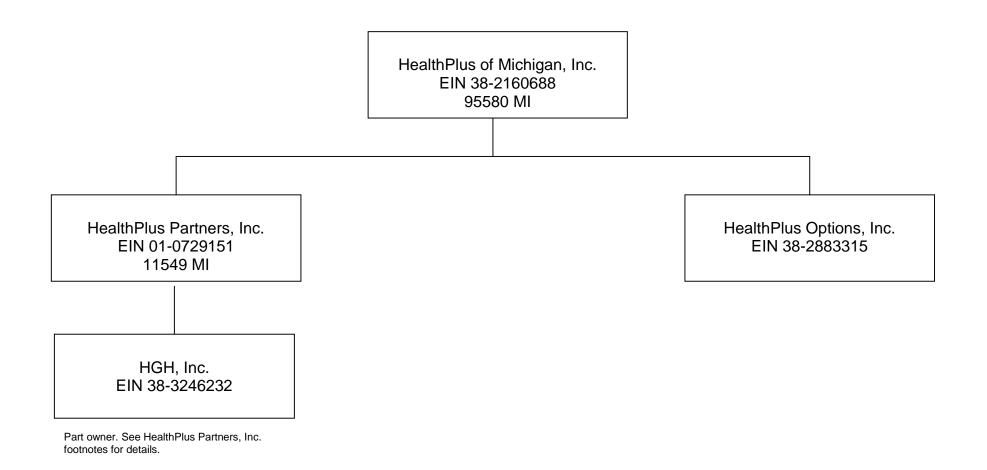
Showing an new remodrers-outrent real to bate												
1	2	3	4	5								
NAIC	Federal			Is Insurer								
Company	ID			Authorized?								
Code	Number	Name of Reinsurer	Location	(Yes or No)								
Accident and health - non-a	filiates											
66346	58-0828824	Munich American Reassur Co	Atlanta, GA	Yes[X] No[]								

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

						<u>Direct Business</u>	Only Year-to-Date		
		1 Guaranty Fund	2 Is Insurer Licensed	3	4	5	6 Federal Employees	7 Life and Annuity Premiums and	8 Property/
	State, Etc.	(Yes or No)	(Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Health Benefits Program Premiums	Deposit-Type Contract Funds	Casualty Premiums
1.	Alabama (AL)		No						
2.	Alaska (AK)		No						
3.	Arizona (AZ)		No						
4. -	Arkansas (AR)								
5. c	California (CA)								
6. 7.	Colorado (CO)								
7. 8.	Connecticut (CT)								
9.	District of Columbia (DC)								
5. 10.	Florida (FL)								
11.	Georgia (GA)		No						
12.	Hawaii (HI)								
13.	Idaho (ID)								
14.	Illinois (IL)								
15.	Indiana (IN)								
16.	lowa (IA)								
17.	Kansas (KS)		No						
18.	Kentucky (KY)								
19.	Louisiana (LA)		No						
20.	Maine (ME)	No							
21.	Maryland (MD)	No	No						
22.	Massachusetts (MA)	No	No						
23.	Michigan (MI)	No	Yes	158,689,379	20,543,422		3,203,714		
24.	Minnesota (MN)								
25.	Mississippi (MS)								
26.	Missouri (MO)		No						
27.	Montana (MT)		No						
28.	Nebraska (NE)								
29.	Nevada (NV)								
30.	New Hampshire (NH)								
31.	New Jersey (NJ)								
32.	New Mexico (NM)								
33.	New York (NY)								
34.	North Carolina (NC)								
35.	North Dakota (ND)								
36.	Ohio (OH)								
37.	Oklahoma (OK)								
38.	Oregon (OR)								
39.	Pennsylvania (PA)								
40.	Rhode Island (RI)								
41. 40	South Carolina (SC)								
42. 40.	South Dakota (SD)								
43.	Tennessee (TN)								
44. 45	Texas (TX) Utah (UT)								
45. 46.	Vermont (VT)								
46. 47.	Virginia (VA)								
47. 48.	Washington (WA)								
46. 49.	West Virginia (WV)								
49. 50.	Wisconsin (WI)								
50. 51.	Wyoming (WY)								
51. 52.	American Samoa (AS)								I
53.	Guam (GU)								[
54.	Puerto Rico (PR)								
55.	U.S. Virgin Islands (VI)								
56.	Canada (CN)								
57.	Aggregate other alien (OT)								
58.	TOTAL (Direct Business)						3,203,714		
	LS OF WRITE-INS	1		, , , , , , , , , , , , , , , , , , , ,	, -,		, , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
5701		X X X .	X X X .						T
5702		X X X .	X X X .						
5703		X X X .	X X X .						
5798.	Summary of remaining write-ins for Line								
	57 from overflow page	X X X .	x x x .						
5799.	TOTALS (Lines 5701 through 5703 plus								
	5798) (Line 57 above)	X X X .	X X X .						
	5796) (Line 57 above)	A A A .	A A A A .						

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF June 30, 2004 OF THE HealthPlus of Michigan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSES

No

1. Will the SVO Compliance Certification be filed with this statement?

Explanation:

Bar Code:

SVO Compliance Certification

Opening of the Control of the Contro

STATEMENT AS OF $June~30,\,2004$ OF THE HealthPlus of Michigan, Inc.

OVERFLOW PAGE FOR WRITE-INS

E01	Schedule A Part 2 NONE
E01	Schedule A Part 3 NONE
E02	Schedule B Part 1 NONE
E02	Schedule B Part 2NONE
E03	Schedule BA Part 1 NONE
E03	Schedule BA Part 2 NONE

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter											
1	2	3	4	5	6	7	8	9	10		
									NAIC		
								Paid for Accrued	Designation		
CUSIP				Name of	Number of			Interest and	or Market		
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)		
6099998 Summary It	X X X				X X X						
6599998 Summary It	6599998 Summary Item for Preferred Stock Bought and Sold This Quarter								X X X		
Common Stock - Mi	tual Funds										
68231N743	ONE GROUP BOND FUND		06/17/2004	BANK ONE MANAGEMENT FUND	2,349.204	25,615	X X X		L		
681937835	ONE GROUP EQUITY INDEX FUND		04/01/2004	BANK ONE STOCK FUND		4,319	X X X		L		
	VANGUARD INSTL INDEX FD		04/16/2004	CITIZEN BANK LONG TERM	2,188.403	226,339	X X X		L		
7099999 Subtotal - C	amount on Charle Mustical Funda				X X X	256,273	X X X		X X X		
7299997 Subtotal - C	ommon Stock - Part 3				X X X	256,273	X X X		X X X		
7299998 Summary It	em for Common Stock Bought and Sold This Quarter				X X X		X X X		X X X		
7299999 Subtotal - C					X X X	256,273	X X X		X X X		
7399999 Subtotal - P	referred and Common Stock				X X X	256,273	X X X		X X X		
7499999 Total - Bond	ls, Preferred and Common Stock				X X X	256,273	X X X		X X X		

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of by the Company During the Current Quarter

by the Company During the Current Quarter																				
1	2	3 4	5	6	7	8	9	10	-	Change in Bo	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
		F							11	12	13	14	15	1						
		0																		
		r						Prior Year			Current Year's		Total	Book/				Bond Interest/		
		l e l						Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock		NAIC
		l i l		Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends		Designation
CUSIP		g Disposa	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	
Identification	Description	n Dispose	Purchaser		Consideration	Value	Cost	Value	(Decrease)	Accretion	1	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
1001111100111011			i dicilasei	OI Stock	Consideration	value	0031	value	(Decrease)	Accietion	riecognized	(11 + 12 - 13)	D./A.O.V.	Date	On Disposar	On Disposal	оп Бізрозаі	During real	Date	maicator (a)
1	rial and Miscellaneou	l I																		
	CONOCO INC DTD 4/20/99	04/15/200		XXX	250,000	250,000.00	253,955	,		(445)		(445)		250,000						1PE
	ds - Industrial and Miscellaneous			XXX	250,000	250,000.00	253,955	250,445		(445)		(445)		250,000				6,930	. XXX.	XXX.
6099997 Subtotal - Bond				XXX	250,000	250,000.00	253,955	250,445		(445)		(445)		250,000				6,930	. XXX.	XXX.
				XXX															. XXX.	XXX.
				XXX	250,000	250,000.00	253,955	250,445		(445)		(445)		250,000				6,930	. XXX.	XXX.
6599998 Summary Item	for Preferred Stock Bought and	Sold This Quarter		XXX		XXX													. XXX.	XXX.
Common Stock	k - Industrial and Mis	cellaneous																		
071813109	BAXTER INTL INC COMMON																			
184502102	STOCKCLEAR CHANNEL	04/16/200	CITIZEN BANK LONG TERM .	1,344.000	41,332	xxx	69,744	41,019	28,725			28,725		69,744		(28,412)	(28,412)	782		L
	COMMUNICATIONS INC COLGATE PALMOLIVE CO	04/16/200	CITIZEN BANK LONG TERM .	1,535.000	64,261	xxx	66,857	71,884	(5,027)			(5,027)		66,857		(2,596)	(2,596)	307		L
313586109	COMMON STOCKFNMA COMMON STOCK	04/16/200 04/16/200		1,226.000 876.000		XXX	69,351 69,257	61,361 65,753	7,989 3,504					69,350 69,257		(3,889) (6,046)	(3,889) (6,046)			L
	TARGET CORP COMMON STOCK	04/16/200		1,930.000		xxx	69,171	74,112	(4,941)			(4,941)		69,171		15,129	15,129	135		L
	TYCO INTL LTD NEW	04/16/200		1,216.000		XXX	68,874		36,650			36,650		68,874		(34,292)	(34,292)	30		L
-		ellaneous		XXX	353,148	XXX	413,254	346,353	66,900			66,900		413,253		(60,106)	(60,106)	2,004	. XXX.	XXX.
Common Stock	k - Mutual Funds																			
681937835	ONE GROUP EQUITY INDEX																			
	FUND	06/17/200	BANK ONE STOCK FUND	6.193	159	xxx	173	157	16			16		173		(14)	(14)	953		L
7099999 Subtotal - Com	nmon Stock - Mutual Funds			XXX	159	XXX	173	157	16			16		173		(14)	(14)	953	. XXX.	XXX.
	nmon Stock - Part 4			XXX	353,307	XXX	413,427	346,510	66,916			66,916		413,426		(60,120)	(60,120)	2,957	. XXX.	XXX.
7299998 Summary Item	for Common Stock Bought and	Sold This Quarter		XXX		XXX													. XXX.	XXX.
7299999 Subtotal - Com	nmon Stock			XXX	353,307	XXX	413,427	346,510	66,916			66,916		413,426		(60,120)	(60,120)	2,957	. XXX.	XXX.
				XXX	353,307	XXX	413,427	346,510	66,916			66,916		413,426		(60,120)	(60,120)	2,957	. XXX.	XXX.
7499999 Total - Bonds,	Preferred and Common Stock	.		XXX	603,307	XXX	667,382	596,955	66,916	(445)		66,471		663,426		(60,120)	(60,120)	9,887	. XXX.	XXX.

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF June 30, 2004 OF THE HealthPlus of Michigan, Inc.

SCHEDULE E - PART 1 - CASH Month End Denository Ralances

Month End Depository Balances												
1	2	3	4	5	Book Balan	ce at End of I	Each Month	9				
					Durir	During Current Quarter						
			Amount	Amount of	6	7	8					
			of Interest	Interest								
			Received	Accrued								
			During	at Current								
		Rate of	Current	Statement	First	Second	Third					
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*				
open depositories												
Bank One Baton Rouge, LA					827,667	1,746,480	1,337,270	. x x x .				
Rank One Ration Rouge I A						(544,604)		. X X X .				
Bank One Baton Rouge, LA					(6,000,168)		(5,820,859)	. X X X .				
GMAC Chicago, IL		2.470	. 113,348		18,387,707			. X X X .				
State Bank Fenton, MI		2.250	11,334		2,038,494	2,042,355	2,046,098	. X X X .				
0199998 Deposits in depositories that do not exceed the												
allowable limit in any one depository (See Instructions) - open depositories .	. X X X .	X X X						. X X X .				
0199999 Totals - Open Depositories	. X X X .	X X X	. 124,682		14,370,677	15,559,867	14,935,180	. X X X .				
0299998 Deposits in depositories that do not exceed the												
allowable limit in any one depository (See Instructions) - suspended												
depositories	. X X X .	X X X						. X X X .				
0299999 Totals - Suspended Depositories	. X X X .	X X X						. X X X .				
0399999 Total Cash On Deposit	. X X X .	X X X	. 124,682		14,370,677	15,559,867	14,935,180	. X X X .				
0499999 Cash in Company's Office	. X X X .	X X X	. XXX.	X X X			592	. X X X .				
0599999 Total Cash	. X X X .	X X X	. 124,682		14,370,677	15,559,867	14,935,772	. X X X .				

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